

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/10/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555892	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  06/29/2017
NAME OF PROVIDER OR SUPPLIER  SELMA CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2108 STILLMAN SELMA, CA 93662		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  Surveyor: 29752 K3 BUILDING: 01 K6 PLAN APPROVAL: 1927 & 1974 K7 SURVEY UNDER: 2012 EXISTING  STRUCTURE TYPE: TWO STORY AND BASEMENT, CONSTRUCTION TYPE V(111), FULLY SPRINKLERED.  The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code recertification survey. The findings are in accordance with 42 Code of Federal Regulations(CFR) 483.70 (a), National Fire Protection Association (NFPA) 101, Life Safety Code 2012 Edition, and NFPA 99 Health Care Facilities Code, 2012 Edition.  Representing the California Department of Public Health: 29752  The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.	K 000			
K 293 SS=D	Census = 31 NFPA 101 Exit Signage  Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit	K 293			7/11/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

07/17/2017

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

*RPOC accepted 8/10/17 per Jared Quimato HFETLS*

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K 293	<p>Continued From page 1 travel is obvious.) This STANDARD is not met as evidenced by: Surveyor: 29752 Based on observation, interview, and record review, the facility failed to maintain their exit signs. This was evidenced by three partially illuminated exit signs and no monthly records for inspections of the exit signs located throughout the facility. This could result in a delayed evacuation of the facility during an emergency. This affected two of five smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 7.10.9 Testing and Maintenance. 7.10.9.1 Inspection. Exit signs shall be visually inspected for operation of the illumination sources at intervals not to exceed 30 days or shall be periodically monitored in accordance with 7.9.3.1.3.</p> <p>7.10.9.2 Testing. Exit signs connected to, or provided with, a battery-operated emergency illumination source, where required in 7.10.4, shall be tested and maintained in accordance with 7.9.3.</p> <p>7.9.3 Periodic Testing of Emergency Lighting Equipment. 7.9.3.1 Required emergency lighting systems shall be tested in accordance with one of the three options offered by 7.9.3.1.1, 7.9.3.1.2, or 7.9.3.1.3.</p> <p>7.9.3.1.1 Testing of required emergency lighting systems shall be permitted to be conducted as follows: (1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30</p>	K 293	<p>Maintenance replaced light bulbs in exit signs on 6/30/17. No residents were found to be affected.</p> <p>Maintenance inspected all of the exit signs on 6-30-17 and replaced light bulbs as needed.</p> <p>Maintenance will inspect all of the exit lights on a monthly basis and document on the exit light checklist and record. Any items found during inspection will be corrected within 48 hours by maintenance. On 7/11/17 Environmental supervisor in-serviced maintenance on procedure for monthly exit sign inspections.</p> <p>Administrator will present any issues with exit signs to the monthly QAA committee meeting.</p>		

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K 293	<p>Continued From page 2</p> <p>seconds, except as otherwise permitted by 7.9.3.1.1(2).</p> <p>(2)*The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction.</p> <p>(3) Functional testing shall be conducted annually for a minimum of 1 1/2 hours if the emergency lighting system is battery powered.</p> <p>(4) The emergency lighting equipment shall be fully operational for the duration of the tests required by 7.9.3.1.1(1) and (3).</p> <p>(5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.</p> <p>7.9.3.1.2 Testing of required emergency lighting systems shall be permitted to be conducted as follows:</p> <p>(1) Self-testing/self-diagnostic battery-operated emergency lighting equipment shall be provided.</p> <p>(2) Not less than once every 30 days, self-testing/self-diagnostic battery-operated emergency lighting equipment shall automatically perform a test with a duration of a minimum of 30 seconds and a diagnostic routine.</p> <p>(3) Self-testing/self-diagnostic battery-operated emergency lighting equipment shall indicate failures by a status indicator.</p> <p>(4) A visual inspection shall be performed at intervals not exceeding 30 days.</p> <p>(5) Functional testing shall be conducted annually for a minimum of 1 1/2 hours.</p> <p>(6) Self-testing/self-diagnostic battery-operated emergency lighting equipment shall be fully operational for the duration of the 1 1/2-hour test.</p> <p>(7) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.</p>	K 293			

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K 293	Continued From page 3 Findings:  During an interview and record review with Maintenance Staff 1 on 6/29/17, the exit sign inspection log was requested.  1. At 8:45 a.m., there were no monthly inspection records for the facility's exit signs. At 8:46 a.m., Maintenance Staff 1 acknowledged that they did not document a monthly exit sign inspection.  During the facility tour and interview with Maintenance Staff 1 on 6/29/17, the exit signs were observed.  First Floor  2. At 12:02 p.m., three of five exit signs were partially illuminated on the first floor. At 12:03 p.m., Maintenance Staff 1 acknowledged that one of the two bulbs in each fixture were out or the bulb holders were removed from the fixtures at the north, east, and south corridor exits.	K 293			
K 353 SS=E	NFPA 101 Sprinkler System - Maintenance and Testing  Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked  b) Who provided system test	K 353		7/29/17	

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K 353	<p>Continued From page 4</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Surveyor: 29752 Based on interview and record review, the facility failed to maintain their automatic fire sprinkler system. This was evidenced by the failure to complete semi-annual tests and inspections on the tamper switch and corresponding supervisory signals. This could result in a delayed notification of a malfunctioning automatic sprinkler system and affected five of five smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.3.5.1 Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5.</p> <p>9.7.2 Supervision. 9.7.2.1* Supervisory Signals. Where supervised automatic sprinkler systems are required by another section of this Code, supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and a distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system. Supervisory signals shall sound and shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved,</p>	K 353	<p>a) Sprinkler system was last checked on 1-10-17 b) by sprinkler inspection vendor c) Water source is city water system by California Water Service.</p> <p>Environmental Supervisor contacted vendor and scheduled semi annual sprinkler tamper alarm inspections.</p> <p>No residents were found to be affected.</p> <p>Fire sprinkler tamper switch and audibles inspection was completed by fire protection vendor on 8/08/17.</p> <p>Environmental Supervisor will present any trends or concerns with fire sprinklers and or temper alarm to monthly QAA meeting.</p>		

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K 353	<p>Continued From page 5 remotely located receiving facility.</p> <p>9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems</p> <p>NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition</p> <p>4.3 Records.</p> <p>4.3.1* Records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request.</p> <p>4.3.2 Records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date.</p> <p>5.1.1 Minimum Requirements.</p> <p>5.1.1.1 This chapter shall provide the minimum requirements for the routine inspection, testing, and maintenance of sprinkler systems.</p> <p>5.3.3 Waterflow Alarm Devices.</p> <p>5.3.3.2* Vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually</p> <p>13.3.3.5.1 Valve supervisory switches shall be tested semiannually.</p> <p>13.3.3.5.2 A distinctive signal shall indicate movement from the valve's normal position</p>	K 353			

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K 353	Continued From page 6 during either the first two revolutions of a hand wheel or when the stem of the valve has moved one-fifth of the distance from its normal position.  13.3.3.5.3 The signal shall not be restored at any valve position except the normal position.  Findings:  During document review and interview with Maintenance Staff 1 on 6/29/17, the automatic fire sprinkler system inspection and testing records were requested.  1. At 8:48 a.m., the facility provided annual and quarterly inspection reports for review. The records did not indicate that semi-annual supervisory signal tests on the tamper switch were completed. At 8:49 a.m., Maintenance Staff 2 acknowledged that there was no semi-annual supervisory signal test for the tamper switch included with quarterly testing.	K 353			
K 541 SS=E	NFPA 101 Rubbish Chutes, Incinerators, and Laundry Chu  Rubbish Chutes, Incinerators, and Laundry Chutes 2012 EXISTING (1) Any existing linen and trash chute, including pneumatic rubbish and linen systems, that opens directly onto any corridor shall be sealed by fire resistive construction to prevent further use or shall be provided with a fire door assembly having a fire protection rating of 1-hour. All new chutes shall comply with 9.5. (2) Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, shall be provided with automatic extinguishing protection	K 541		7/28/17	

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K 541	<p>Continued From page 7</p> <p>in accordance with 9.7.</p> <p>(3) Any trash chute shall discharge into a trash collection room used for no other purpose and protected in accordance with 8.4. (Existing laundry chutes permitted to discharge into same room are protected by automatic sprinklers in accordance with 19.3.5.9 or 19.3.5.7.)</p> <p>(4) Existing fuel-fed incinerators shall be sealed by fire resistive construction to prevent further use.</p> <p>19.5.4, 9.5, 8.4, NFPA 82</p> <p>This STANDARD is not met as evidenced by: Surveyor: 29752</p> <p>Based on observation and interview, the facility failed to maintain their laundry chute enclosures. This was evidenced by a door to the soiled linen chute room, in the basement, that was obstructed from closing. This could result in the spread of fire or smoke affecting one smoke compartment on each floor for two of five smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.5.4 Rubbish Chutes, Incinerators, and Laundry Chutes.</p> <p>19.5.4.1 Existing rubbish chutes or linen chutes, including pneumatic rubbish and linen systems, that open directly onto any corridor shall be sealed by fire-resistive construction to prevent further use or shall be provided with a fire door assembly having a minimum 1-hour fire protection rating. All new chutes shall comply with Section 9.5.</p> <p>8.4.3.4* Door clearances shall be in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives.</p> <p>8.4.3.5 Doors shall be self-closing or</p>	K 541	<p>Environmental supervisor ensured the door was closed in the laundry chute and the soiled linen room on 6/29/17.</p> <p>No other fire doors were found to be improperly kept open on 6/29/17.</p> <p>Laundry staff were in-serviced by the environmental supervisor on 7-5-17 regarding requirements for doors related to fire safety.</p> <p>Environmental supervisor will monitor the area weekly for any doors being propped open. Administrator or Environmental supervisor will present any trends to monthly QAA committee.</p>		



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K 541	Continued From page 8 automatic-closing in accordance with 7.2.1.8.  8.6.2* Continuity. Openings through floors shall be enclosed with fire barrier walls, shall be continuous from floor to floor, or floor to roof, and shall be protected as appropriate for the fire resistance rating of the barrier.  Findings:  During the facility tour and interview with Maintenance Staff 1 and 2 on 6/29/17, the laundry chute rooms were observed.  Basement  1. At 12:35 p.m., the door to the soiled linen chute room was obstructed from closing by a mop handle that was wedged between the bottom of the door and the floor. The door was equipped with a self closing device but was kept in the fully open position. At 12:36 p.m., Maintenance Staff 2 confirmed that there was no laundry staff in the area at that time.	K 541			
K 901 SS=E	NFPA 101 Fundamentals - Building System Categories  Fundamentals - Building System Categories Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. Chapter 4 (NFPA 99)	K 901			7/29/17

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K 901	<p>Continued From page 9</p> <p>This STANDARD is not met as evidenced by: Surveyor: 29752</p> <p>Based on record review and interview, the facility failed to determine their risk category classification in accordance with NFPA 99. This was evidenced by no records of a building systems risk assessment. This affected all residents, visitors, and staff and could result in a prolonged duration of unsafe conditions due to insufficient assessment of critical building systems.</p> <p>NFPA 99, Health Care Facilities Code, 2012 Edition.</p> <p>4.1 Building System Categories. Building systems in health care facilities shall be designed to meet system Category 1 through Category 4 requirements as detailed in this code.</p> <p>4.1.1 Category 1. Facility systems in which failure of such equipment or system is likely to cause major injury or death of patients or caregivers shall be designed to meet system Category 1 requirements as defined in this code.</p> <p>4.1.2 Category 2. Facility systems in which failure of such equipment is likely to cause minor injury to patients or caregivers shall be designed to meet system Category 2 requirements as defined in this code.</p> <p>4.1.3 Category 3. Facility systems in which failure of such equipment is not likely to cause injury to patients or caregivers, but can cause patient discomfort, shall be designed to meet system Category 3 requirements as defined in this code.</p> <p>4.1.4 Category 4. Facility systems in which failure of such equipment would have no impact on</p>	K 901	<p>No residents were found to be affected.</p> <p>Facility will form a committee to evaluate our Building systems risk assessment.</p> <p>Facility will complete risk assessment by 8/6/17.</p> <p>Monitoring of risk assessment will be incorporated in to the QAA program after the assessment completion.</p>		

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K 901	Continued From page 10 patient care shall be designed to meet system Category 4 requirements as defined in this code.  4.2 Risk Assessment. Categories shall be determined by following and documenting a defined risk assessment procedure.  4.3 Application. The Category definitions in Chapter 4 shall apply to Chapters 5 through 11. Chapter 5 Gas and Vacuum Systems Chapter 6 Electrical Systems Chapter 9 Heating, Ventilation, and Air Conditioning (HVAC) Chapter 10 Electrical Equipment Chapter 11 Gas Equipment  Findings:  During an interview with the Director of Nursing on 6/29/17, a risk assessment corresponding to the building systems was requested.  1. At 8:30 a.m., no risk assessment related to the failure of the building systems addressed in NFPA 99 was provided. At 8:35 a.m., the Administrator was not available but the Director of Nursing and Maintenance Staff 1 explained that the facility did not have a documented building systems risk assessment.	K 901			
K 920 SS=D	NFPA 101 Electrical Equipment - Power Cords and Extens  Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled	K 920		7/29/17	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/10/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555892</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - MAIN BUILDING 01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/29/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>SELMA CONVALESCENT HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2108 STILLMAN SELMA, CA 93662</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 920	<p>Continued From page 11</p> <p>by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This STANDARD is not met as evidenced by: Surveyor: 29752</p> <p>Based on observation and interview, the facility failed to maintain wiring connections on electrical equipment. This was evidenced by a microwave oven that was plugged into a surge protected extension cord. This affected affected one of five smoke compartments and could result in an increased risk of electrical shock or an electrical fire.</p> <p>NFPA 99 Health Care Facilities 2012 edition 9.1.2 Electrical Systems. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless such installations are approved existing installations, which shall be permitted to be continued in service.</p> <p>NFPA 70 National Electrical Code 2011 edition 400.8 Uses Not Permitted. Unless specifically</p>	K 920	<p>Power strip was removed from Microwave on 6/29/17 by maintenance.</p> <p>Maintenance found no other improperly plugged items during inspection on 6/29/17.</p> <p>Maintenance in-serviced staff on requirements for power strip use and prohibition of such on 6/29/17</p> <p>Environmental supervisor will monitor for prohibited power strips in use during regular rounds. Environmental supervisor will remove any power strips found to be in violation and report any trends to QAA committee monthly.</p>		

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K 920	<p>Continued From page 12</p> <p>permitted in 400.7, flexible cords and cables shall not be used for the following:</p> <p>(1) As a substitute for the fixed wiring of a structure</p> <p>(2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors</p> <p>(3) Where run through doorways, windows, or similar openings</p> <p>(4) Where attached to building surfaces</p> <p>Exception to (4): Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of 368.56(B)</p> <p>(5) Where concealed by walls, floors, or ceilings or located above suspended or dropped ceilings</p> <p>(6) Where installed in raceways, except as otherwise permitted in this Code</p> <p>(7) Where subject to physical damage</p> <p>Findings:</p> <p>During the facility tour and interview with Maintenance Staff 2 on 6/29/17, the electrical devices and wiring connections were observed.</p> <p>Second Floor</p> <p>1. At 12:08 p.m., in Room 204, there was a microwave oven plugged into a surge protector which was plugged into an electrical wall outlet located on the north wall. At 1:45 p.m., Maintenance Staff 2 explained that there were enough electrical outlets in the room and that this would be changed immediately.</p>	K 920			